

# The Older Rhode Islander

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March 2008

## DEA begins annual search for state centenarians



**CENTENARIAN SERENADE:** Musicians serenade one of the Rhode Island's 100 year old residents at the annual Governor's Centenarians Brunch. This year's event will be held on May 7.

### *Seniors Ask: Who can help me sort out my health care options?*

**Q.** I am 65 years old and will be retiring within the next three months. I am enrolling in Medicare Part A and B, but I'm a little confused about Medicare supplemental insurance plans, Medicare Advantage plans and Medicare Part D plans. Where can I get some help sorting out these health care options?

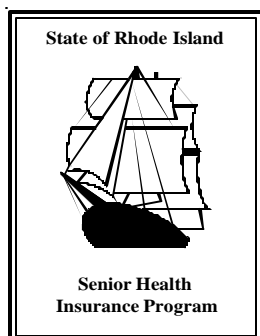
**A.** The Rhode Island Senior Health Insurance Program (SHIP) is part of a national partnership to help consumers make informed health care choices. Funded by the Centers for Medicare and Medicaid Services (CMS), SHIP volunteers provide one-to-one counseling to seniors, adults with disabilities, families and caregivers. The program is designed to help seniors and adults with disabilities understand health care cost and coverage and deal with issues regarding health care.

Volunteer SHIP counselors can discuss Medicare, Medicare drug plans, supplemental insurance, Medicare Advantage plans, over-insurance, free and reduced-cost medical care programs, federal retiree health insurance, Veterans benefits and long-term care insurance and other programs.

SHIP trains volunteers to help people like you understand the sometimes-confusing arena of health care and health insurance options.

Every month, SHIP counselors talk with numerous seniors and adults with disabilities about their health care coverage.

After speaking with a SHIP counselor, you will be able to make the choices that are right for you; you



**Smooth sailing with SHIP:** The state Senior Health Insurance Program helps seniors and adults with disabilities decide what type of health care coverage best suits their needs.

will be able to get the most coverage for your money; and you will have peace of mind in knowing that you have done your homework and have made choices that fit your needs.

The information you will gather in talking to a SHIP counselor will help you answer questions about the three "Cs" of health care...cost, coverage and convenience!

Even those persons who do not save money talking with a SHIP counselor are "richer" in their understanding of their medical coverage. The information you gather will be helpful to you for many years.

To locate the nearest SHIP counselor, call 462-4000 or 462-4444.

The Rhode Island Department of Elderly Affairs (DEA) has begun its annual search for state residents age 100 and older. Centenarians will be invited to the 31<sup>st</sup> annual Governor's Centenarians Brunch to be held on Wednesday, May 7, Older Americans Month, at Capitol Ridge at Providence. This year, the theme for Older Americans Month is "Working Together for Strong, Healthy and Supportive Communities."

Rhode Islanders who are age 100 and older, or those who will reach age 100 during the year are eligible to attend the Brunch. To secure an invitation to the Brunch, please contact Donna Slemmon at DEA by calling 462-0501. Please give the centenarian's name, address, telephone number, date of birth and the name, address and telephone number of the person who will escort the centenarian to the Brunch. DEA urges centenarians to "Come join the party!"

### Get ready for digital television

Remember this date-February 17, 2009. By law, all television channels must switch from analog to digital television broadcasting on that date. The National Association of Broadcasters estimates that this switch will have an immediate effect on 49,570 households in Rhode Island. Elder residents are a large segment of these households. Simply stated, those television sets that rely on an outside antennae, rabbit ears or that are not connected to a cable or satellite broadcasting service, or are without a digital converter box will not be able to receive any television signal.

Why the switch? Under a law passed by Congress in 2005, all free local broadcasters are required to turn off their analog channels and broadcast exclusively in the digital format. February 17, 2009 is D-Day.

What is Digital Television (DTV) anyway? DTV is a new type of broadcasting that produces a dramatically clearer picture and sound. DTV can also offer multiple program choices and better service such as significantly enhanced closed captioning. DTV will also enable broadcasters to provide several channels of programs at once (multicasting) and will free up the traditional analog channels to be used for public safety uses by police and fire services.

Who will be affected by the switch? Any household that receives its free television signal with analog tuners and who do not subscribe to cable, satellite or a telephone company service provider will lose their signal on February 17, 2009.

How can you get ready for the switch to DTV? Follow one of three simple steps.

You can purchase a DTV converter box that plugs into your existing analog set. This will enable you to receive free television broadcasts the same as you are doing currently.

You can buy a new television set with a built-in digital tuner.

Subscribe to a cable, satellite or telephone company service so that you can continue to use your analog television set.

You can check whether your television is equipped to handle over-the-air digital broadcast signals by looking in your television's owner's manual.

For more information, go to [www.dtvanswers.com](http://www.dtvanswers.com).

As part of the switch to the digital system, the National Telecommunications and Information Administration is making \$40 coupons available to persons who will need them.

The converter boxes are expected to cost between \$50 and \$70 each and will be available at most of the nation's major electronics stores. More than 33 million coupons are being made available to the general public. Two coupons per household have been allocated for the switch.

Seniors and persons in any age group that need converter coupons can obtain them in several ways.

If they have a computer, they can apply for the coupon applications online by logging on to [www.dtv2009.gov](http://www.dtv2009.gov). The converter program also has a 24-hour hot line to request the coupon applications. The numbers are 1-888-DTV 2009 (1-888-388-2009-Voice) or 1-877-530-2634 (TTY).

Consumers can mail in their coupon application to P.O. Box 2000, Portland, OR 97208-2000.

Consumers can also FAX coupon applications to 1-877-DTV-4ME2 (1-877-388-4632). Coupons must be redeemed three months from the date of receipt. According to the Nielsen Corporation, approximately 14.3 million of 113 million television sets will need a converter box.

## A message from Director Corinne Calise Russo



**Director  
Corinne Calise Russo**

### Greetings:

As Director of the Rhode Island Department of Elderly Affairs, I am pleased to present you with this edition of *The Older Rhode Islander* newspaper. You will find this issue of the newspaper especially informative as it contains many topics that are particularly current and relevant to growing older in Rhode Island.

Please take a few moments to read the articles about Medicare fraud and how Medicare covers drugs. You will also find valuable information about choosing a nursing home and getting ready for the nationwide switch to digital television.

In addition, we have included articles on home safety and the Senior Health Insurance Program (SHIP). These articles are included to give you some resources for maintaining a healthy and secure lifestyle.

Please be assured also that the Department is doing everything possible to continue to provide the level of programs and services that preserve the independence, dignity and capacity for choice for seniors, adults with disabilities, their families and caregivers.

During these times of tight state budgets, it is our intention to provide our constituents with programs and services that are both cost effective and supportive.

Sincerely,

Corinne Calise Russo, Director

## How to choose a nursing home-Do your homework!

**BY: Roberta Hawkins  
Executive Director  
Alliance for Better Long-Term  
Care**

The age old adage about real estate-location, location, location can also be applied to finding the right nursing home. Location is important, both for the resident and those who will visit. But often the right level of care can only be provided by certain facilities. Quality of care should not be sacrificed for convenience.

First consider the resident's health care needs. When options that allow a person to stay in the home are exhausted, the right long-term care facility should be able to provide both quality health care and quality of life.

Once you have your short list of facilities, it is time to visit each facility. Along with meeting admission and marketing staff, we suggest that you make an unannounced visit. Go at mealtime or later in the day to observe residents, staff and visitors.

This will give you a good "feel" for the overall environment and atmosphere. If it doesn't "feel" right to you, cross that one from your list!

Never lose sight that the resident's needs go beyond receiving the appropriate care. Personality and life experiences must be taken into consideration as well. If the resident doesn't fit well into an environment, their quality of life is compromised.

Sometimes it is good to create a "profile" of the resident in order to find proper placement. Bear in mind that someone who has been a private person all his or her life will not be happy socializing all the time. On the other hand, someone who is very social will not be happy with restricted visiting times or not enough stimulating activities.

If you have questions about choosing a nursing home, please contact us at the Alliance for Better Long-Term Care, Monday through Friday from 9:00 a.m. to 5:00 p.m. at 401-785-3340.

We do not endorse any facility, but offer guidance and assistance. As the designated Rhode Island State Ombudsman for Long-Term Care, we are the federally recognized health oversight agency addressing the issues of quality of

life and health care for those in nursing homes or assisted living facilities and those who are receiving home health or hospice services.

Along with offering advocacy services to residents and families, we address the issues of abuse, neglect, resident rights and/or financial exploitation.

### **Your Nursing Home Checklist Resident Profile:**

- Is the person outgoing or reserved?
- Do they primarily speak a language other than English?
- What is their religious or cultural background?
- Do they smoke?
- Do they have behavioral issues that need to be addressed?
- Do they follow the usual daily schedule? (Up during the day and sleep at night?)
- Do they have special dietary requirements?
- Can the facility provide private time with a spouse or significant other?
- Will young children feel comfortable visiting the facility?
- Can the facility accommodate a large number of visitors?

### **Basic Information:**

- Is the facility Medicare and/or Medicaid certified?
- Does the facility offer the range of health care required?
- Is there a special unit for residents with Alzheimer's Disease?
- Is the facility accepting new residents and how long is the waiting period, if one exists?

### **Quality of Life:**

- Does the facility appear pleasant, clean, odor-free, well kept and safe?
- Is the noise level generally quiet?
- Are residents engaged in meaningful activities?
- Are the residents dressed and up?
- Does the facility have outdoor areas for residents to use?
- Does the facility maintain a comfortable temperature?
- Are residents allowed personal items/furniture?

- Is resident's personal laundry maintained and accounted for?
- Can residents make choices about meals?
- Can residents make choices about daily routines?
- Do residents have access to personal phone and television?

### **Quality of Care:**

- Does the facility do background checks on staff?
- Is there enough staff on every shift to care for residents?
- Does the facility offer continuing education for staff?
- Does the staff respond quickly to calls for help?
- Does the staff seem warm, polite and respectful?
- Are residents clean and properly dressed?
- Does staff respond to family concerns promptly?
- Are there policies and procedures for safety?
- Can care plan meetings be held at convenient times for family to attend?
- What provisions are made for special medical care/appointments?

### **Nutrition:**

- Do residents have a choice of food options?
- Is trained staff available to assist residents with eating?
- Does the food look and smell good?
- Is the food served at the proper temperatures?
- Is the resident's weight routinely monitored?
- Are nutritious snacks available during the day and evening?

- Does the dining room encourage socializing?
- Are water pitchers and glasses available in rooms?

### **Safety:**

- Are exits clearly marked?
- Are there handrails in the hallways?
- Are there grab bars in the bathrooms?
- Are the hallways free of clutter and well lit?
- Does the facility have smoke detectors and sprinklers?
- Are spills and accidents cleaned up quickly?
- Do residents get preventive care such as flu shots?
- Does the facility have arrangements with nearby hospitals?
- Has the facility corrected any cited deficiencies on its last inspection, if applicable?
- Does the facility have no repeat deficiencies?

### **Activities:**

- Is there a broad range of activities offered?
- Are they customized to a resident's interests and capabilities?
- Are there special activities for holidays and birthdays?
- What arrangements are made for a resident's religious activities/services?
- Does the facility have a resident or family council?
- Is transportation available for appointments or community activities?

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**Governor: Donald L. Carcieri  
Director: Corinne Calise Russo**

**Editor: Larry Grimaldi**

## Governor introduces "A Healthy Weight in 2008" campaign



**Governor Donald L. Carcieri**

Governor Donald L. Carcieri and State Health Department Director Dr. David Gifford joined officials at Thundermist Health Center to unveil a year-long wellness initiative, *Healthy Weight in 2008*, to

emphasize the importance of this project for the overall health of Rhode Island.

"While being named the first 'Well State' in the nation is an important milestone in our wellness initiative, it is also an incentive to redouble our efforts to convince our citizens to eat healthy and to exercise," Governor Carcieri said. "*Healthy Weight in 2008* will help Rhode Islanders learn about and participate in the many activities and events being planned this year. Our campaign will act as an invaluable health resource to everyone in the state: children, seniors, people with disabilities, adults, and families."

In Rhode Island, a total of 56 percent of adults are overweight or obese: 18 percent of Rhode Islanders are obese and another 38 percent are overweight. Health conditions related to overweight and obesity include high blood pressure, high blood cholesterol, Type 2

diabetes, asthma, heart disease, stroke, arthritis, depression, and various cancers. According to the National Governors Association (NGA), taxpayers pay for half the cost of the nation's medical expenses directly attributed to obesity.

In the State of Rhode Island, that translates to \$185 per taxpayer each year. The Governor's campaign will be an important tool in reducing the incidence of overweight and obesity.

*Healthy Weight in 2008* community partners include: Shape Up RI, Rhode Island Department of Health's Initiative for Healthy Weight,

Neighborhood Health Plan of RI, UnitedHealthcare of New England, Blue Cross & Blue Shield of Rhode Island's Health & Wellness Institute, Rhode Island Medical Society, Rhode Island Kids First, Department of Environmental Management, Department of Elderly Affairs, YMCA of Greater Providence.

"Rhode Islanders should stay tuned all through the year for *Healthy Weight in 2008* events and information that will be fun and helpful," the Governor said. "Once again, Rhode Island will lead the way in wellness."

## Be safe in your own home

Every year, thousands of older Americans fall at home. Some of these falls result in serious injuries and cause disability or loss of mobility. In fact, according to the Centers for Disease Control and Prevention, more than 12,800 persons age 65 and older died and 1.6 million were treated in emergency rooms due to falls in the home.

Falls in the home are often due to hazards that are easy to overlook and easy to fix. Here are some of these home hazards and the simple solutions you can use to make your home safer and help you to avoid falls and injuries in your home. The theme for this article is "Make Your Home Safer."

"Make Your Home Safer" is just one of the things you can do to help to avoid falls and injuries in and around your house. Before you begin your "Make Your Home Safer" campaign, you should take these three steps. Begin a regular exercise program under the supervision of your doctor. Have a health care professional review all your medications. And have your vision checked regularly. Now, let's begin to "Make Your Home Safer."

Look at the floors in each room. When you walk through a room, do you have to walk around furniture? If so, get some help to move the furniture around so you have a clear path across the room.

Do you have throw rugs on the floor? Remove them or use double-sided tape or non-slip backing so that the rugs won't slip or slide.

Are there papers, books, magazines, boxes or other objects on the floor? Remove them. Don't clutter your floor space and increase your risk of tripping or falling.

Do you have to walk over or around extension wires or television or lamp cords? Coil or tape cords and wires to the walls so that you won't trip over them. If you can, have an electrician put in additional outlets so that you can avoid using extension cords.

Are there objects on your stairs like papers or books? Clear your stairs and keep them clean of any objects.

Do you have broken or uneven stairs? Fix, repair or replace these steps.

Do you have only one light on your stairway? Have an electrician put in light switches on both the top and bottom of your stairs. If the bulb has burned out, replace it or if you cannot replace it yourself, have a family member or friend replace it for you.

Is the carpet on your stairs loose or torn? Either remove the carpet or attach a non-slip rubber tread to each stair.

Are the handrails loose or broken? Fix or replace the handrails. Make sure that you have handrails on both sides of the stairs and that they run the entire length of both sides of the stairs.

In your kitchen, are the things you use most frequently on high shelves? Move the most frequently used items to lower shelves where you can reach them more easily.

Is your step stool unsteady? Try not to use a step stool. If you must use a step stool, get one with a bar to hold on to and never use a chair as a step stool.

Do you need safety features in your bathroom? Put non-slip rubber mats or self-stick strips on the floor of your tub or shower. Also, have a carpenter install grab bars inside your tub or shower and next to the toilet.

Finally, take a look at your bedroom. Is the light near the bed hard to reach? Place a lamp close to your bed where it is easy to reach. Also put in a night-light so you can see where you are walking.

In addition to these measures, you also remember these tips:

- Get up slowly after you sit or lie down. Wear shoes both inside and outside the house.
- Avoid going barefoot or wearing slippers.
- Put brighter light bulbs in your light fixtures.
- Keep emergency numbers in large print near your telephone(s).
- If you live alone, think about getting an emergency response system.

If you take all of these steps, you will indeed "Make Your Home Safer"

## Rhode Island Department of Elderly Affairs awarded Alzheimer's demonstration grant for individuals and caregivers

The Rhode Island Department of Elderly Affairs has been awarded a one year Alzheimer's Demonstration grant by the federal Administration on Aging for the purpose of designing and implementing an innovative menu of services for Rhode Island individuals who are diagnosed with Alzheimer's Disease and for their caregivers. The program (named "Adage") has three components:

The first component consists of a program administered by the Alzheimer's Association of Rhode Island for individuals who have been diagnosed with early stage Alzheimer's Disease (ESA). The program provides them with four hours a week of meaningful cognitive activity at a local library and four hours a week of physical activity at a local YMCA. During the weekly program, the caregivers receive the benefit of eight hours of respite.

The second component consists of a specialized training program for customer service specialists at The Point, the RI information and referral center for elders, adults with disabilities, families, and caregivers. The training will be provided by the staff of the Alzheimer's Association of RI and will instruct the customer service specialists in "listening for dementia."

The third component consists of an opportunity for elders with dementia who would otherwise be ineligible for supportive service programs to qualify for an assessment and an allotment (to be matched by a cost share) and to create an individual service plan that will maximize their allotted resources and allow them to remain in the community as long as possible.

Component Three includes the following guidelines:

- 1) Income limits: Lower Tier (s) \$19,341 - \$29,930-\$900 allotment  
(m) \$24,179 - \$35,254-\$900 allotment  
Upper Tier (s) \$29,931 - \$41,136-\$650 allotment  
(m) \$35,255 - \$47,012-\$650 allotment

Clients in both tiers will be responsible for 50% of the cost of services.

- 2) Documented Diagnosis of Dementia.
- 3) Responsible Caregiver.
- 4) Agreement to share cost of services.

Component Three includes the following benefits:

- 1) An assessment by a community case manager which will include: the Functional Activities Questionnaire, a Safety Assessment, the Universal Client Assessment Tool, and a financial eligibility tool.
- 2) An orientation visit from the staff of Options to explain the services provided to the client and family by Options;
- 3) An extensive menu of appropriate services available to the client and caregiver.
- 4) Account management services and monthly account statements provided by Options;
- 5) Assessment and referrals for additional community based programs and services which may benefit the client and caregiver.



# The Older Rhode Islander

March 2008

## DEA presents...your Medicare information page...



Rhode Island SMP has received many complaints regarding what constitutes Medicare fraud. Here is a simple guide to Medicare fraud. For more information, call Rhode Island SMP at 462-4444.

### Q. What is Medicare fraud?

A. Fraud is lying, pure and simple:

- Lying on a Medicare claim form.
- Lying on a provider enrollment form,
- Lying on a prescription for durable medical equipment (DME).
- Lies about the provider, the patient, the service, the diagnosis, the place, date and price of a service can constitute fraud.
- Billing for services not rendered or misrepresenting the service that was performed is a common form of fraud.

### Q. What are specific examples of fraud?

- Ordering equipment that is not medically necessary (that the person does not need) is fraudulent behavior.
- Billing Medicare for a customized power wheelchair for a patient who doesn't medically qualify for the equipment is another example of fraud.
- Providing and billing for excessive services – more wound care products or diabetes testing strips than a patient needs – could also be fraud.
- So is identity theft.

### Q. What is Identity Theft?

A. Identity theft can take many forms such as impersonating a doctor or a patient (pretending to be someone you are not). Using a provider's or a beneficiary's Medicare number without their knowledge (or even with their permission) is the most common form of identity theft.

### Q. Do you have any examples?

A. One example involves an actual identity theft case reported by the Miami Herald: A beneficiary reviewed her Medicare Summary Notice and discovered that a DME supplier billed Medicare more than \$4,000 for a prosthetic – an artificial leg. Since she still had both legs in fine working order, she called Medicare and complained. Although the company's Medicare payments had already been suspended, her complaint helped strengthen law enforcement's case.

### Q. What are the other common types of fraud?

A. Kickbacks. If it sounds too good to be true, it probably is. It is illegal to offer anything of value for referral of a Medicare or Medicaid patient. But this does not include something like a coffee mug or refrigerator magnet.

- Legitimate providers don't have to pay patients to use their equipment or attend their clinics.
- Likewise, legitimate physicians don't accept payments for steering patients to particular providers.

### Q. What is some fraud prevention advice for Medicare beneficiaries?

A. Some simple Dos and Don'ts:

- Do protect your Medicare card and ID number.
- Don't let anyone borrow or pay to use your ID cards or your identity.
- Don't accept any unnecessary services, supplies or equipment.
- Do review your Medicare Summary Notices (MSNs).
- Do investigate unusual billing.
- Do report suspected fraud.
- Do ask questions.
- Do not automatically sign a release form or Advanced Beneficiary Notice (ABN) without knowing what it is you are signing. Otherwise, you may be liable for payment for services Medicare denied as medically unnecessary.

### Q: What Medicare DME scams should people watch out for and what can people do to prevent these scammers from getting Medicare money?

A: Do not accept "freebies" or any unnecessary equipment or supplies. Keep an eye on your Medicare

Summary Notice (MSN). Examine it closely. It lists the services, equipment and supplies billed to Medicare on your behalf and how much was paid. Make sure it matches what you actually received. A supplier could be filling false prescriptions under your name and billing Medicare for unnecessary and/or undelivered items such as wound care products, back braces, electric wheelchairs and diabetic testing strips. Reporting suspected fraud can help law enforcement

authorities to catch these fraudulent providers.

### Q. How can beneficiaries report fraud?

A. Beneficiaries who suspect fraud can call the national anti-fraud hotline run by the Inspector General of the U.S. Department of Health & Human Services. The number is 1-800-HHS-TIPS (1-800-477-8477). They can also call 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048(TTY).

## Here's how Medicare covers drugs

How does Medicare cover drugs under Parts A, B, C and D?

Before we discuss Medicare drug coverage, we should define the different parts of Medicare. Medicare Part A is generally defined as Hospital Insurance, Medicare Part B is Medical Insurance, Medicare Part C is Medicare Advantage Plans (sometimes referred to as Medicare managed care plans) and Medicare Part D is the Medicare Prescription Drug Plans.

In general, Medicare Part A does not cover outpatient prescription drugs. However, Medicare beneficiaries may get drugs as part of an inpatient treatment during a covered stay in a hospital or skilled nursing facility. Part A payments made to the hospital or skilled nursing facility generally cover all drugs provided during a covered stay.

Medicare Part B covers only a limited number of drugs such as flu shots, pneumonia shots, hepatitis B shots, and other vaccines (such as a tetanus shot) when they are related to the treatment of an injury or illness.

Medicare Part B also covers some drugs used in infusion pumps and nebulizers, if considered reasonable and necessary. Part B covers most injectable drugs given by a licensed medical professional if the drug is considered reasonable and necessary for treatment and is not usually self-administered.

Medicare Part B covers an injectable drug for women with osteoporosis who meet the criteria for the Medicare home health benefit and have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis. The drug would be covered if a doctor certifies that the beneficiary is unable to learn or unable to give herself the drug by injection and that family members are unable or unwilling to give the drug by injection.

Some other drugs covered by Medicare Part B include medications for blood-clotting factors for people with hemophilia, immunosuppressive medications for people whose transplant was paid for by Medicare and some drugs for anemia (under Medicare specified conditions).

For beneficiaries with cancer, Medicare Part B covers certain medications taken orally if the same drug is available in an injectable form. Covered medications also include anti-nausea drugs as part of anti-cancer chemotherapy. Certain conditions apply so check with Medicare and your physician.

Medicare Part B also covers intravenous immune globulin for beneficiaries with primary immune deficiency disease. A doctor must decide that it is medically appropriate for the intravenous immune globulin to be given in a patient's home. Part B does not pay for other items and services related to the patient getting the drug in their home.

Under Medicare Part C, many outpatient drugs are covered under the Part D coverage of their Medicare Advantage plan, if they have prescription drug coverage with their medical insurance plan.

Comprehensive prescription drug coverage for medications not covered under Medicare Part A, B and C are covered under Medicare Part D. A Part D covered drug must meet all of these conditions:

- The drug is available only by prescription.
  - The drug is approved by the Food and Drug Administration.
  - The drug is used and sold in the United States.
  - The drug is used for a medically accepted condition as defined by the Social Security Act.
- For more information, call 1-800-MEDICARE (1-800-633-4227) or go to [www.medicare.gov](http://www.medicare.gov).